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ABSTRACT

Attempts to describe the identity and unique characteristics of counseling psychology have been made almost since the beginning of the specialty area in the post-World War II era. This study was conducted as an attempt to describe the specialty area of counseling psychology as it exists in 1990. A national survey of 800 members of Division 17 (Counseling Psychology) of the American Psychological Association was conducted to assess attitudes about selected work sites and professional activities for counseling psychologists. The total number of questionnaires completed was 521, a return rate of 65%. Survey items were written to represent work sites and activities which have been traditionally associated with either counseling or clinical psychology. Responses were analyzed through an oblique rotation principal components analysis of survey items, the assignment of standardized scores to respondents' data, and subsequent cluster analysis of those standardized scores. Based on responses to the attitude survey items, three subgroups of respondents emerged: (1) Clinical Counseling Psychologists, who favored long-term treatment and advocated working with clients with more severe pathology; (2) Central Counseling Psychologists, who emphasized a normal developmental approach in work with clients and strongly opposed prescription privileges; and (3) Traditional Counseling Psychologists, who strongly opposed counseling psychologists performing long-term therapy and working with the severely disturbed, and who instead adopted a lifespan developmental approach and viewed counseling and clinical psychology as distinct specialty areas. (Author/NB)

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A SURVEY OF DIVISION 17 MEMBERS: THE ATTITUDES OF STATISTICALLY DERIVED SUBGROUPS

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ABSTRACT

A national survey of 800 members of Division 17 (Counseling Psychology) was conducted to assess attitudes about selected work sites and professional activities for counseling psychologists. Survey items were written to represent work sites and activities which have been traditionally associated with either counseling or clinical psychology. Responses to the survey were analyzed through an oblique rotation principle components analysis of survey items (SAS, Varclus, 1985), the assignment of standardized scores to respondents' data (SAS, Proc Score, 1985) and subsequent cluster analysis of those standardized scores (SAS, Cluster, 1985). Based on responses to the attitude survey items, three subgroups of respondents emerged which were named Clinical-Counseling Psychologists, Central Counseling Psychologists, and Traditional Counseling Psychologists. These subgroups were described and the implications of their existence within Division were discussed. The diversity of the Division 17 membership has the potential to be a strength for the Division.

A Survey of Division 17 Members:

The Attitudes of Statistically Derived Subgroups

> When, finally, we create our long-sought-for identity, soul-searching will deserve an honorable place in it. (Samler, 1964, p. 143)

Attempts to describe the identity and unique characteristics of counseling psychology have been made almost since the beginning of the specialty area in the post-World War II era. Some of these attempts have been spurred by external demands for statements on the definition and scope of counseling psychology (e.g., a request by the Veterans Administration in the 1940s, when counseling psychology internships were established, a request by the APA Task Force on Accreditation Scope and Criteria in 1988 when accreditation standards were re-examined). Probably more attempts have been the product of the profession's internal need to describe what counseling psychology is and to delineate it from other specialty areas. Interwoven in these attempts to define counseling psychology has been the question, asked virtually since the inception of the specialty area (Super, 1955), of whether counseling psychology indeed has a unique professional identity and whether counseling psychology might merge with other specialty areas; in particular, with clinical psychology.

That the identity issue has had a profound impact on the development of the specialty area is evidenced by the number of journal articles devoted to it over the years as well as by several chapters in two standard texts on counseling psychology as a profession (Whiteley, 1980; Whiteley & Fretz, 1980). That counseling psychology's identity continues as an area of concern and debate within the profession is evidenced by Lent's (1990) recent observation that our identity

confusion has contributed to public image problems and Sprinthall's comments that counseling psychology may be "on the road to Armageddon" as the specialty area moves away from "its original roots in schools, colleges, and career development centers toward clinically-oriented treatment" (1990, p. 455).

This paper represents an attempt to describe the specialty area of counseling psychology as it is in 1990. The basis for our description is a recent survey of members of Division 17. Unlike previous studies in which the actual work sites and professional activities of counseling psychologists were examined (Fitzgerald & Osipow, 1986; Osipow, Cohen, Jenkins, & Dostal, 1979; Samler, 1964; Watkins, Lopez, Campbell, & Himmell, 1986; Zook & Walton, 1989), in the current survey we asked Division 17 members for their beliefs about the appropriateness of certain work sites and professional activities for counseling psychologists as a group. Our premise in writing the survey items in this way was that a profession is described not only by where its members work and what they do but also by the job sites and activities the members see as appropriate and open to their profession, even if they as individuals do not work at those sites or participate in those activities. Information on which activities are seen as appropriate and open to counseling psychology provides not only a present view of the specialty area but might also suggest future trends for the profession.

In designing the survey, we assumed that counseling psychologists would differ in their attitudes toward the job sites and professional activities we described. Indeed it was our belief that, based on their responses to the survey items, identifiable subgroups might exist within the group of counseling psychologists we polled. This assumption was

based on the results of prior studies in which differences were identified among counseling psychologists based on age, gender or primary work site (Fitzgerald & Osipow, 1986; Osipow, et al., 1979; Watkins, et al., 1986; Zook & Walton, 1989).

However, unlike previous studies in which differences were identified through the use of statistical methods which require prior judgments of the basis of those differences (e.g., t-tests and chi squares), we used statistical methods which did not require such prior judgments (cluster analysis). In the current study, subgroups were first identified statistically on the basis of responses to the attitude survey items. Only then were the demographic characteristics of the subgroups examined.

Method

Subjects

Subjects were 521 members of the American Psychological Association's Division 17. Descriptive statistics computed on the sample are provided in Table 1 and show that the sample was largely comprised of males (72%), whites (93.9%) and Ph.D. recipients (80%). The percentage of males and females who responded to the survey (71.8% and 28.2% respectively) is very similar to the percentage of males and females in the current Division 17 membership (70.4% and 29.6% respectively; APA office staff, personal communication, July 11, 1990). Thus, the sample is likely to be representative of the Division as a whole. The average age of the subjects was 49.6 years and respondents averaged 16.2 years of post-doctoral work experience. Table 2 contains information on respondents' primary work sites.

Questionnaire

The questionnaire consisted of 14 demographic and background items and 39 attitude survey items. Items were developed by the authors in consultation with colleagues in counseling psychology and a shortened version of the instrument was piloted in Spring 1989 with a sample of 37 counseling psychologists from a variety of work settings. From the responses of these professionals, the questionnaire items were refined and three items were added.

The 39 attitude survey items were designed to assess Division 17 members' attitudes about job sites, professional activities, and professional affiliations which have been considered to be part of the professional identity of either counseling or clinical psychologists. Topic areas included long-term treatment, appropriate employment settings (e.g. academic, psychiatric hospitals, private practice), career assessment and counseling, knowledge of and treatment of severe psychopathology, assessment approaches, and normal development across the lifespan. Other areas assessed in the survey included the role and methods of research in counseling psychology, the relevance of APA and Division 17 membership, medication privileges, and counseling psychologists' membership in the American Psychological Society (APS). Responses on the attitude survey items could range from 1 (Agree Strongly) to 6 (Disagree Strongly). No neutral/undecided response option was offered. A copy of the survey instrument is available from the authors.

Procedure

A list of names and addresses of 800 members of Division 17 was obtained from APA in the Fall of 1989. This number represented approximately 30% of the total Division 17 membership at that time. The questionnaire with cover letter and postpaid return envelope was mailed

to the 800 members in November 1989 and again in January 1990. The total number of questionnaires returned after the second mailing was 521, a return rate of 65%.

Data Analysis

The study's main data analyses were designed to determine if statistically meaningful subgroups could be identified from respondents' answers to the 39 attitude survey items. Because the statistical procedures utilized eliminate respondents with missing data on the attitude questionnaire, 120 subjects' responses were eliminated yielding a total sample of 401 respondents. Thus, 50% of the 800 member sample or 77% of the 521 respondents constitute the final sample on which this report is based.

The stepwise data analysis protocol followed the methods used by Brounstein, Holahan, and Sawyer (1988). First, respondents' answers to the 39 item attitude survey were subjected to a statistical procedure, SAS's Varclus, in order to identify groups of related items (SAS, 1985). Respondents were then assigned standardized scores through another procedure, SAS's PROC SCORE, for each of the identified groups of items that emerged from Varclus (SAS, 1985). Finally, respondents' standardized scores for each group of items were entered into SAS's Cluster algorithm (SAS, 1985) to determine if statistically discernible groups of respondents could be identified.

Results

Clusters of Questionnaire Items

In order to group meaningfully related items from the survey instrument, standardized scores of the 39 items of the questionnaire were subjected to an oblique rotation principal component analysis (SAS Varclus, 1985). Nine clusters emerged with eigenvalues greater than

one. Table 3 lists all variable cluster names, proportion of variance explained by each cluster, and the items comprising the cluster with their standardized scoring coefficients. Since subjects responded to each item on a 6 point Likert-scale with anchor points "1 = Agree strongly" and "6 = Disagree strongly," negative standardized scoring coefficients indicate a positive correlation between the item and the cluster while positive standardized scoring coefficients indicate a negative correlation between the item and the cluster. A brief description of each variable cluster follows.

Cluster 1 (favors long-term therapy) is comprised of nine items pertaining to long-term therapy, diagnosis, and assessment. Cluster 2 (dissatisfaction with Division 17 and APA/little interest in career counseling) contains two groups of items dealing with professional affiliation and vocational counseling/assessment. Cluster 3 (research obligation deemphasized) includes four items covering respondents' attitudes about research as an obligatory activity of counseling psychologists. Cluster 4 (advocate treatment of psychopathology) is comprised of five items tapping attitudes about working with psychotic, medicated and character disordered clients. Cluster 5 (diversity in research methods) contains two items dealing with attitudes about single subject and large n research as well as process and outcome research. Cluster 6 (counseling and clinical psychology similar) includes eight items regarding the overlap of the two specialties as well as attitudes about diversity in work sites for counseling psychologists. Cluster 7 (relevance of Division 17 and APA to direct service counseling psychologists) houses two items pertaining to the value of Division 17 and APA membership to those counseling psychologists who work in applied settings. Cluster 8 (de-emphasis of normal development) contains three

items tapping attitudes about assessment approaches. Finally, Cluster 9 (against medication privileges), is comprised of one item related to medication prescription privileges for counseling psychologists.

Groups of Counseling Psychologists

In order to identify statistically discernible counseling psychology subgroups within the total sample, the standardized cluster scores derived from the previous analysis were entered as descriptive indices for each subject into a hierarchical and orthogonal cluster algorithm (SAS Cluster, 1985). Three groups emerged with eigenvalues greater than one and data concerning the composition of these three groups vis-a-vis their standing on the nine descriptive (cluster) indices are presented in Table 4.

The first and largest (53%) subgroup to emerge was named Clinical Counseling Psychologists because of the similarity of that group's attitudes to those of traditional clinical psychology. Compared to the other two groups, this group favors long-term treatment and advocates working with clients with more severe pathology. They tend to believe counseling and clinical psychology have more similarities than differences and they de-emphasize normal lifespan development relative to the other two groups. This group, compared to the others, is dissatisfied with Division 17 and APA and see these professional organizations as less relevant to direct service priorities. Relative to the other groups, they do not see research as an obligation and are disposed to favor prescription privileges for adequately trained counseling psychologists.

The second subgroup, named Central Counseling Psychologists, is made up of 72 Division 17 members (18% of the sample) who occupy the middle ground of the three groups when it comes to attitudes about

long-term therapy, treatment of clients with more severe pathology, the similarity of counseling and clinical psychology (this group is much more oriented than the Clinical group toward seeing the two specialties as dissimilar however), and the obligation of counseling psychologists to do research. Relative to the two other groups they emphasize a normal developmental approach in work with clients and strongly oppose prescription privileges. Their most defining characteristic however, compared with groups 1 and 3, is their satisfaction with Division 17 and APA and their belief that these professional groups hold relevance for counseling psychologists in direct service settings.

The third group, named Traditional Counseling Psychologists because of their orientation toward historical counseling psychology (29% of the sample), is comprised of Division 17 members who, relative to the other two groups, strongly oppose counseling psychologists performing long-term therapy and working with the severely disturbed. They strongly emphasize research as an obligation for counseling psychologists and appear to favor large n counseling process and outcome research. They tend to emphasize a lifespan developmental approach and see counseling and clinical psychology as distinct specialty areas. Interestingly, they, along with the Clinical Counseling Psychologists see Division 17 and APA as less relevant to the needs of direct service counseling psychologists, in direct contrast to the Central Counseling Psychologists.

Characteristics of Counseling Psychology Subgroups

The final step of the data analysis progression involved completing a descriptive profile of each of the three groups (Clinical, Central, and Traditional Counseling Psychologists) in order to illustrate the composition of each group and determine whether differences in attitudes

were accompanied by differences in descriptive variables. The characteristics of each subgroup are detailed in Table 5.

Examination of demographic variables reveals that the Traditional group is comprised of a higher proportion of men (81%) than the other two groups (71% in the Clinical and 67% in the Central) and that the youngest group is the Clinical Counseling Psychologists. Based on the ages of the three groups it is predictable that both the Central and Traditional groups have more years of post-doctoral experience than the Clinical group. All groups are predominantly white with the highest proportion of ethnic minority professionals in the Central group (10%).

While similar proportions of all three groups received the Ph.D. as their terminal degree, differences exist between groups in the percentage of respondents who received terminal degrees in Counseling Psychology (76% Clinical, 61% Central, and 54% Traditional) as opposed to related fields. Across groups, respondents were evenly split as to whether they received their degrees from APA approved programs.

When the twelve job settings were grouped into Academic (university psychology department, educational psychology department, education department, or other department), Service (private practice, general hospital, medical school, student counseling center, outpatient clinic, community mental health center, psychiatric hospital), and Other categories, differences were observed in the proportion of respondents reporting their primary work setting. The group with the highest proportion of service professionals was the Clinical group (70% vs. 38% Central and 30% Traditional). The traditional group had the highest proportion of academic professionals (54% vs. 43% Central and 19% Clinical). While both the Clinical and Central groups were similar in the percentage of licensed professionals (87% and 85% respectively),

only 71% of the Traditional group reported being licensed or certified in their state of residence.

In the research domain, the Traditional group reported the highest number of research and other articles ($\underline{M}$ = 16.66 research, $\underline{M}$ = 10.08 other) followed by the Central ($\underline{M}$ = 10.79 research, $\underline{M}$ = 9.06 other) and Clinical groups ($\underline{M}$ = 6.30 research, $\underline{M}$ = 5.14 other). Both the Central and Traditional groups reported an equal percentage of respondents who had participated on Division 17 committees in the last five years (19%) as opposed to only 11% for the Clinical group.

Finally, some mention is warranted of respondents views or the hotly debated issue of medication privileges for psychologists. This issue was assessed through the item, "Counseling psychologists with appropriate training should have privileges for prescribing medication." Fully 75% of respondents disagreed with this statement, 36.9% disagreed strongly. Only 25% agreed with the item; of these, only 5.4% agreed strongly. These results suggest that at present most Division 17 members are against medication privileges for CP.

Discussion

After a systematic progression of statistical analyses, three distinct subgroups (Clinical, Central, and Traditional) were identified by their attitudes and described based on demographic characteristics, job sites, and work activities. While previous studies (Fitzgerald & Osipow, 1986; Watkins et al., 1986) have described counseling psychologists as a heterogeneous group based on an analysis of work-related activities, this study found counseling psychologists to be heterogeneous with regard to their attitudes about important issues in our field.

The Clinical group was comprised primarily of younger service providers who advocate long-term treatment with more severely disturbed clients using more traditional methods of psychodiagnostic assessment. The Traditional group was characterized by a more Greyston orientation to counseling psychology, advocating a lifespan developmental approach to working with clients as well as research as an obligatory activity. The Central group split the difference between the Clinical and Traditional groups on numerous issues but saw Division 17 and APA as highly relevant to counseling psychologists. Several finds have important implications for the future of counseling psychology.

The largest subgroup identified in this study, Clinical (53% of the sample), is the most dissatisfied with Division 17 and APA and sees those organizations as less relevant to their concerns than do the Central and Traditional groups. This finding is not surprising given the differences between the Clinical group on the one hand and the Central and Traditional groups on the other hand with regard to service provision issues such as long-term therapy, pathology oriented assessment, lifespan development, vocational counseling, and medication privileges. The Clinical group's interests and attitudes much more clearly resemble those of clinical psychologists while the values and attitudes of the Central and Traditional groups appear to be those of the Greyston era counseling psychologists (Thompson & Super, 1964). Additional support for the dissatisfaction of the Clinical group comes from the fact that the Central and Traditional groups have higher proportions of members who are active in Division 17 executive, standing, and ad hoc committees.. What emerges is a portrait of a potentially disenchanted and disenfranchised Clinical group of counseling psychology practitioners who are not represented

proportionately in Division 17's policy making structure and who do not abide by the more traditional definition of counseling psychology. The fact that this group may comprise over half the Division 17 membership warrants attention.

Differences in attitudes toward research and actual research activity between the groups are also noteworthy. The Traditional group, relative to the other two groups, strongly feels that counseling psychologists should perform research. The Clinical group has the strongest anti-research attitudes with the Central group in the middle. These attitudes are matched by actual research productivity with the Traditional group reporting more research and other articles written than either the Central (next highest) or Clinical groups. While the Clinical group reports a mean of slightly over six research articles, 54% of this group had written two or less articles and 23% had written zero as compared with 12% Central and 7% Traditional members who had yet to publish a single research article. Once again, we see a disparity that has implications for the field of counseling psychology. Sprinthall's (1990) assertion that counseling psychology training programs have moved from a scientist-practitioner to a practitioner model receives some support from this data.

In addition to differences between groups in the practice and research domains, differences were found in attitudes regarding counseling psychology as a distinct specialty. While the Fitzgerald and Osipow (1986) and Watkins et al. (1986) surveys found substantial overlap in job duties between clinical and counseling psychologists, this study found that the Clinical group, relative to the Central and Traditional groups, actually thinks there exist few differences between the specialties and believe the specialties should merge. The Central

and Traditional groups believe the opposite and strongly so. It appears therefore that an approximately even split exists in Division 17 with regard to the distinctiveness of counseling psychology. Fifty three percent (Clinical) of the sample see significant similarity between clinical and counseling psychology and 47% (Central plus Traditional) see significant distinction between the specialties.

Does the heterogeneity of attitudes about practice, research, affiliation, and professional identity found between subgroups of counseling psychologists in this study portend, as Sprinthall (1990) suggests, "the road to Armageddon" for counseling psychology as a specialty? We believe that this is not necessarily the case but that the keys to the continued existence and thriving of counseling psychology are complex. Clearly, a return to the historical roots of counseling psychology is unreasonable to expect for the Clinical group. The Fitzgerald and Osipow (1986) and Watkins et al. (1986) studies along with this study suggest that, for a substantial group of counseling psychologists economic, practical, and philosophical factors have provided a powerful lure toward a clinical psychology model of professional practice. Indeed nearly 24% of all respondents and 32% of the Clinical subgroup reported private practice, long the bastion of clinical psychology, as their principal work site. Equally unlikely is a move toward the clinical model for the Traditional group. We believe that these largely academic, research oriented counseling psychologists would feel like they were compromising a rich counseling psychology tradition and a firm professional identity if they were to embrace a more clinical outlook.

Do the results of our survey and the similar results of other recent surveys (Fitzgerald & Osipow, 1986; Zook & Walton, 1989) suggest that

now is the time for a merger of clinical and counseling psychology? To answer this question in either the negative or affirmative is to assume that the merger question will or should be decided on the basis of an overlap in the activities, worksites and professional attitudes of counseling and clinical psychologists. We believe that the merger question has thus far been decided on the basis of political realities among the divisions and within APA and that, for the foreseeable future, it will continue to be decided in this way. Maybe a more important question than merger is that of whether the center group, that subgroup which provides considerable leadership to Division 17, can continue to hold the other subgroups in the Division's membership. The Central group are statistically defined as moderates but with a firm counseling psychology identity. They appear to bridge the gap between practice (85% are licensed) and science (they report nearly twice as many publications as the Clinical group). They also have a nearly even split between academic (43%) and service (38%) professionals as opposed to wide disparities between academicians and practitioners in the Clinical and Traditional groups. They have significant common bonds with the Traditional group (e.g. seeing counseling and clinical psychology as dissimilar, emphasizing normal developmental approaches) yet can also relate to the Clinical group when it comes to deemphasizing the research obligation and performing long-term therapy. As the group that finds the most relevance in Division 17, the Central group is challenged in particular to help the Clinical group find meaning and relevance in Division 17.

But to place the burden of responsibility on the Central group for the maintenance and enhancement of counseling psychology is too simplistic and unfair. After all, the subgroups we have described are

only statistically derived entities within the Division which cannot plan for the organization's future. More appropriately, we think it is the task of the Division 17 leadership to set a tone of acceptance of differences within our membership. One way of doing this might be to invite and encourage the participation of members from varied professional backgrounds in important Division committees and activities. Good initial efforts have been made in the direction with the initiation of Division 17 regional conferences and the establishment of the ad hoc committee for new professionals and interest groups within the Division. If counseling psychology is to survive and thrive as a defined specialty area within psychology, the heterogeneity within the field must first be named and described so that open communication about the differences within the specialty can occur.

The process and results of this study have recalled for us Yvonne Agazarian's model of group therapy (1981). Based on the group analytic approaches of Foulkes (1964), Agazarian sees the group as a developing entity with dynamics above and beyond those of the individuals comprising it. To the extent that the group can mature, members have the opportunity to grow and develop toward their individual goals. The maturation of the group is based on the group's ability to first acknowledge and then integrate differences between members and subgroups of members. Agazarian sees this as difficult but necessary work and her role as therapist is one that helps members to acknowledge the differences that they are attempting to deny or split off.

We see the acknowledgement and integration of differences as important work for counseling psychology and Division 17. This study sought to name, describe, and delineate important philosophical and practical differences between subgroups in an increasingly diverse

specialty area. The effort is limited by the fact that only Division 17 members were surveyed and therefore the results may not be generalized accurately to the field of counseling psychology as a whole. The survival and growth of counseling psychology will depend on our collective willingness and ability to re-integrate with a healthy acceptance of how diverse we really are.

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Table 1

Description of Study Respondents (N = 521)

Variable			
Age:	Range	30 - 87 years	
	Mean	49.6 years	
	SD	11.2 years	
Gender:	Males	374	(71.8%)
	Females	147	(28.2%)
Race:	Black	15	(2.9%)
	White	489	(93.9%)
	Hispanic	7	(1.3%)
	Asian	6	(1.2%)
	Native American	2	(.4%)
Terminal Degree:	Ph.D.	415	(79.7%)
	Ed.D.	93	(17.9%)
	Other	13	(2.5%)
Degree Area:	Counseling Psychology	351	(67.4%)
	Guidance & Counseling	50	(9.6%)
	Counselor Education	51	(9.8%)
	Other	69	(13.2%)
Years Post Doctoral:	Range	0 - 53 years	
	Mean	16.2 years	
	SD	10.3 years	
Licensed:	Yes	419	(80.4%)
	No	94	(18.0%)
	No response	8	(1.5%)

Table 2

Primary Work Sites of Study Respondents (N=521)

Job Site	n	%
Private Practice	123	23.6
General Hospital	12	2.3
Medical School	12	2.3
Student Counseling Center	90	17.3
Outpatient Clinic	10	1.9
University Psychology Dept.	48	9.2
University Ed. Psychology Dept.	34	6.5
Other University Ed. Dept.	37	7.1
University Dept., Other	54	10.4
Community Mental Health Center	8	1.5
Psychiatric Hospital	15	2.9
School District	7	1.3
Consultation	10	1.9
Correctional Facility	5	1.0
Administration, Higher Ed.	5	1.0
Retired	9	1.7
Totals	479	91.9

Note: All work sites with fewer than five (5) people (less than 1% of the respondents) were omitted.

Table 3

Clusters of Questionnaire Items

Cluster Standardized	Proportion Variance Explained	Item	Scoring Coefficient
1. Favors long-term therapy	.10	CP should perform long-term tx.	-.21
		CP don't need to know DSM-III-R.	.17
		Performing long-term tx not consistent with identity as CP.	.19
		CP should know projective assessment.	-.14
		Performing long-term tx not consistent with lifespan developmental approach.	.13
		DSM diagnosis not necessary skill for CP.	.17
		CP should be trained in long-term tx.	-.19
		Private practice not compatible with identity as CP.	.14
		Vocational counseling should be the way CP spent time.	.16
2. Dissatisfied with Division 17 and APA/Little interest in career counseling	.05	CP primary affiliation should be Div. 17.	.32
		Vocational counseling should no longer be strong interest for CP.	-.29
		CP should be competent in vocational assessment.	.32
		CP should join Division 17 of APA.	.37
		Not important for CP to join APA.	-.27
3. Research obligation deemphasized	.04	CP who don't do research can still make important contribution to field.	-.42
		CP training programs should emphasize more research.	.25
		Best and brightest CP students become faculty.	.35
		CP who don't research don't live up to obligation to field.	.48
4. Advocate treatment of pathology	.08	CP shouldn't work with psychotic clients.	.28
		CP shouldn't work with medicated clients.	.25
		CP shouldn't work with character disorder clients.	.26
		CP should limit work to normal clients with developmental difficulties.	.28
		CP training should include work with psychotic clients.	-.24
5. Diversity in research methods	.03	Single subject research inferior to large n research.	.66
		Counseling process and outcome research most important type of research.	.66

Table 3 cont.

Clusters of Questionnaire Items

Cluster Standardized	Proportion Variance Explained	Item	Scoring Coefficient
6. Counseling and clinical psych. similar	.07	Most appropriate work sites are college counseling centers and academic departments.	.19
		Concurrent Div. 17 and 12 membership inconsistent with identity of CP.	.20
		Career counseling is domain of CP.	.21
		CP should merge with other specialties.	-.18
		More similarities than differences between counseling and clinical psychology.	-.26
		Little difference between practice of clinical and counseling psychology.	-.24
		CP should not be employed in psychiatric hospitals.	.23
		CP should join APS.	.16
7. Relevance of Div. 17 and APA to direct service CP	.03	Div. 17 not relevant for CP who work in primarily service settings.	.62
		APA membership more relevant for academic than service CP.	.62
8. De-emphasis of normal development	.03	Knowledge of lifespan developmental problems unique strength of CP.	.52
		Assessment should emphasize strengths over weaknesses.	.55
		Concurrent membership should be encouraged in APA and AACD.	.43
9. Against medication privileges	.03	CP with appropriate training should prescribe medication.	1.00
Total	.46		

Notes: CP = Counseling psychologists; Negative standardized scoring coefficients indicate positive correlation between the item and the cluster; positive standardized scoring coefficients indicate negative correlation between the item and the cluster.

Table 4

Discrete Counseling Psychology Subgroups (Standardized Means)

Cluster Name	Clinical Counseling Psychologists 53%	Central Counseling Psychologists 18%	Traditional Counseling Psychologists 29%
Favors long-term tx	.55	-.04	-.98
Dissatisfied with Division 17 and APA/Little interest in career counseling	.25	-.76	.02
Research obligation deemphasized	.38	.22	-.82
Advocate treatment of psychopathology	.59	-.19	-.95
Diversity in research methods	.05	.32	-.28
Counseling and clinical psychology similar	.55	-.44	-.73
Relevance of Division 17 and APA to direct service CP	-.13	.70	-.19
Deemphasis of normal development	.39	-.52	-.39
Against medication privileges	-.31	.72	.11

Notes: CP = Counseling psychologists; positive standardized means indicate agreement with cluster name; negative standardized means indicate disagreement with cluster name.

Table 5

Characteristics of Counseling Psychology Subgroups

Variable		Clinical Counseling Psychologists (n = 212)	Central Counseling Psychologists (n = 72)	Traditional Counseling Psychologists (n = 117)
Gender:	Male (%)	71	67	81
	Female (%)	29	33	19
Age:	Mean (years)	46.47	52.73	52.57
	SD	9.89	10.44	11.17
Post-doctoral experience:				
	Mean (years)	13.01	18.46	20.50
	SD	8.80	9.16	10.16
Ethnicity:	White (%)	96	90	93
	Non-White (%)	4	10	7
Terminal Degree:	Ph.D. (%)	78	78	85
	Ed.D. (%)	19	21	14
Degree Program:				
Counseling Psychology (%)		76	61	54
Guidance and Counseling (%)		8	7	11
Counselor Education (%)		6	18	15
Other (%)		10	14	20
Program APA Approved:	Yes (%)	47	46	41
	No (%)	50	50	54
Are you currently licensed:				
	Yes (%)	87	85	71
	No (%)	13	15	29
Work Setting:				
Primarily academic (%)		19	43	54
Primarily service (%)		70	38	30
Other (%)		11	19	16
Number of research articles:				
Mean		6.30	10.79	16.66
SD		11.27	11.26	20.13
Number of other articles:				
Mean		5.14	9.06	10.08
SD		11.89	9.47	15.60
Division 17 Committee participation in last 5 years	Yes (%)	11	19	19
	No (%)	89	81	81

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